

**STATE OF NEW JERSEY
DIVISION OF TAXATION**

Application Required by
NJ Motor Fuel Tax Law

MOTOR FUEL TAX

PO BOX 189

Trenton, New Jersey 08695-0189

APPLICATION FOR GASOLINE JOBBER LICENSE

Application is hereby made by the undersigned for a Gasoline Jobber License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. This license is for a period of three (3) years. A payment of the fee of \$450.00 must accompany this application. Every Gasoline Jobber's License is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID #

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 OR Soc. Sec. # of Owner

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2. Name _____
(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))

3. Trade Name _____

4. Business Location:

Street _____

City _____ State

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Zip Code

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(Give 9-digit Zip)

5. Mailing Name and Address - (if different from business address)

Name _____

Street _____

City _____ State

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Zip Code

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(Give 9-digit Zip)

6. Beginning Date for this business in New Jersey _____ / _____ / _____
Month Day Year

7. Type of Ownership (check one):

☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership

☐ Other - explain _____

8. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

9. IF A CORPORATION, complete the following:

Date of Incorp. _____ / _____ / _____ State of Incorp.

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Month Day Year

State of Incorp.

10. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

NOTE: On a separate sheet of paper provide the name of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates _____

12. Give name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept _____

13. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

NOTE: Question 13 must be completed by out-of-state businesses

14. State kind of products handled: _____
15. If applicant operates retail dealer service stations in applicant's name in New Jersey or sell on consignment or commission sales basis to any person, complete the following:
- (a) List location and storage capacity of each company-owned service station. (attach separate rider)
- (b) List names and locations of the dealers to whom applicant delivers on consignment or commission basis. (attach separate rider)
16. Operation in New Jersey (gallons):
- (a) Total estimated monthly sales _____ uses _____
- (b) Number of gallons of gasoline sold by month in New Jersey to different types of customers.
- | | Number of Different Customers | Monthly Gallons (Sales and Uses) |
|---|-------------------------------|----------------------------------|
| 1. NJ Retail Dealers (not including company-operated) | _____ | _____ |
| 2. Fleet Operators (at least five vehicles used in business) | _____ | _____ |
| 3. Large customers (must purchase 2,000 gallons or more annually and who have at least 300 gallon storage capacity) | _____ | _____ |
| 4. Farmers | _____ | _____ |
| 5. Others | _____ | _____ |
| 6. Total Disposals | _____ | _____ |
17. Source of Gasoline _____ Name of Supplier _____ Location _____
18. Does applicant hold a Federal Form 637? If so, identify the issuing IRS District Office, provide copy of 637 certificate and also copies of applicant's last two quarterly Form 720 reports filed with the IRS. _____
19. Does applicant hold any other New Jersey Motor Fuels License? If yes, explain _____
20. Has applicant or any related party ever had a New Jersey Motor Fuel License denied, suspended, canceled or revoked in New Jersey or any other jurisdiction? If yes, explain: _____
21. Does applicant have any outstanding liability or litigation? If yes, explain _____
22. Describe in detail applicant's planned activity and need for this license _____
23. Is applicant registered for Petroleum Products Gross Receipts Tax as required by the Act? ☐ YES ☐ NO
24. Is applicant registered with the Division of Taxation for any other New Jersey State taxes? ☐ YES ☐ NO
25. The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

_____ Name of Applicant	_____ Signature of Owner, Partner or Officer
	_____ Title
	_____ Date

*The information submitted will assist this office in the processing of your license request.
The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.*

N.J.S.A 54:39-31.1 Provides in part as follows:

A Gasoline Jobber License is subject to "payment of a license fee of \$450.00 for a three year period and the filing of a bond in such form and amount as provided by law. A Gasoline Jobber's License shall not be assignable and shall be valid only for the gasoline jobber in whose name issued."